

## PDD Program Responsible Party Information Sheet

This form must be completed by the Responsible Party (Employer) acting on behalf of the following individual: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Employer Emergency Number: \_\_\_\_\_

Service Coordinator's Name: \_\_\_\_\_

SC Provider/County DSN Board: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

**Note to Service Coordinator: Please assure that the below forms have been completed by the Responsible Party. Once completed, this document and the below forms should be sent to the Jasper DSN Board.**

### Forms Checklist

\_\_\_\_\_ SS-4 Application for Employer Identification Number

\_\_\_\_\_ 8821 Tax Information Authorization

\_\_\_\_\_ 2678 Employer Appointment of Agent

\_\_\_\_\_ Current PDD Program budget authorizing number of units approved (**Will not be available until Initial Assessment has been completed**)

\_\_\_\_\_ Copy of Federal Identification Number once assigned